

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
ANNOUNCEMENT  
Tallahassee, Florida  
April 11, 1995

DOCUMENT # **N94000004370 (2)**

**THE SOLNIK FAMILY FOUNDATION, INC.**

2. Principal Office Location 7208 VALENCIA DRIVE BOCA RATON FL 33433		2a. Mailed Address 7208 VALENCIA DRIVE BOCA RATON FL 33433		3. Date of Incorporation 09/06/1994		3a. Date of Last Report	
21. State of Incorporation FL		26. State of Report FL		4. FIC Number 65-0519359		Applied For (Not Applicable)	
22. Filing Date 04/11/95		27. Filing State FL		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. Filing Method Original		28. Filing State FL		6. Tax Exempt Status (Check one) <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not For Profit		\$5.00 May Be Added to Fees	
24. Filing Office Tallahassee		29. Filing Office Tallahassee		7. Nonprofit with 100% Exempt Tax Exempt Status <input checked="" type="checkbox"/>		\$68.75 Supplemental Fee Not Required	
25. Filing Office Tallahassee		30. Filing Office Tallahassee		8. Do you intend to file a report for the next reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SOLNIK, MIKE 7208 VALENCIA DRIVE BOCA RATON FL 33433</b>		81. Name		10. Name and Address of New Registered Agent	
		82. State of Incorporation (FL) Tax Exempt or Not Applicable			
		83. Filing Office			
		84. Filing Office		FL 85. Filing Office	

11. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

12. Name and Address of Registered Agent	13. Name and Address of Registered Agent	14. Name and Address of Registered Agent	15. Name and Address of Registered Agent	16. Name and Address of Registered Agent	17. Name and Address of Registered Agent	18. Name and Address of Registered Agent	19. Name and Address of Registered Agent	20. Name and Address of Registered Agent	21. Name and Address of Registered Agent	22. Name and Address of Registered Agent	23. Name and Address of Registered Agent	24. Name and Address of Registered Agent	25. Name and Address of Registered Agent	26. Name and Address of Registered Agent	27. Name and Address of Registered Agent	28. Name and Address of Registered Agent	29. Name and Address of Registered Agent	30. Name and Address of Registered Agent
D SOLNIK, MIKE 7208 VALENCIA DRIVE BOCA RATON FL 33433	D SOLNIK, ESTHER B 7208 VALENCIA DRIVE BOCA RATON FL 33433	D RICHMAN, ANDREW M 3634 PRINCETON PLACE BOCA RATON FL 33496																

14. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: 4/23/95 (305) 938-4019

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE  
Orlando, Florida  
Secretary of State  
Tallahassee, Florida

DOCUMENT # **N94000004487 (4)**

ORLANDO COMMUNITY AND YOUTH TRUST, INC.

Principal Place of Business	Maining Address
649 W LIVINGSTON STREET ORLANDO FL 32801	649 W LIVINGSTON STREET ORLANDO FL 32801

2. Director of Report of Activities	2a. Mailing Address
21	26
22	27
23	28
24	25
29	30

DO NOT WRITE IN THIS SPACE

3. Date Report Prepared or Available	3a. Date of Last Report
09/09/1994	
4. FEI Number	Applied For Not Applicable
65-0572536	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Has the Corporation Taken any Federal Income Tax Deductions	\$5.00 May Be Added to Fees
7. Nonprofit with 990, 990-E or Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. Has the Corporation Taken the Florida Statute	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IENNACO, AMY T 400 S. ORANGE AVENUE, 3RD FLOOR ORLANDO FL 32801	81 Name 82 Street Address, Box Number or Post Office Address 83 City 84 State
	FL 85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

12. Name	13. Address	14. Status
D WASHINGTON, HERBERT L 9244 BATON ROUGE DR. ORLANDO FL 32818	C/D	<input checked="" type="checkbox"/> Corp <input type="checkbox"/> Other
D SCOTT, DENNIS W 2123 ELMCREST PL. OVIEDO FL 32765	T/D Paz A. Lookhoff 3873 Waterview Loop Winter Park, FL 32795	<input type="checkbox"/> Corp <input checked="" type="checkbox"/> Agent
D BURTON ALAN H 4852 CYPRESS WOODS RD., #130 ORLANDO FL 32811	V/D	<input checked="" type="checkbox"/> Corp <input type="checkbox"/> Agent
D PERRONE, JOHN L 121 CANDLEWICK ROAD ALTAMONTE SPRINGS FL 32714	D A. Lee McElroy 3457 Fitzgerald Drive Orlando, FL 32805	<input type="checkbox"/> Corp <input checked="" type="checkbox"/> Agent
D WYNALDA, FRANCIS L 6101 MARKHAM ROAD SANFORD FL 32771	S/D Wynalda, Francie L.	<input checked="" type="checkbox"/> Corp <input type="checkbox"/> Agent
D JOHNSON, MARY A 1089 COVINGTON STREET OVIEDO FL 32765	D Victor W. Kruppenbacher 804 W. Lancaster #79L Orlando, FL 32809	<input type="checkbox"/> Corp <input checked="" type="checkbox"/> Agent

14. I hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: *Paz A. Lookhoff* Paz A. Lookhoff 4/26/95 (47) 246-2285